

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Joseph R. Ruggles

Mailing Address 1780 Buck Creek Lane

City

Springfield

State

OH

Zip Code

45502-8800

FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohio Hospital Association

Occupation

Vice President, Member Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Transaction ID: 18286245

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr Terry Murphy, FACHE

Mailing Address 640 South State Street

City

Dover

State

DE

Zip Code

19901-3597

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bayhealth Medical Center

Occupation

Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Transaction ID: 18286316

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Ms. Deborah L. Watson, FACHE

Mailing Address 77 Brynberry Court

City

Magnolia

State

DE

Zip Code

19962-1596

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bayhealth Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	0

Transaction ID: 18286317

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)